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LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

☒ I currently hold an office that would require me to file a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE K.

This Report Covers Calendar Year: 2013

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY ☐)

Final reports must be filed on or before May 15 of the year in which your service to that office ends.
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

Office/Position Held: Secretary for Louisiana Department of Public Safety & Corrections

Name of Filer (print full name) James M. Le Blanc

Address (residence) 25422 Renee Court

City, State, Zip Jackson, LA 70748

Name of Spouse (print full name) Sarah Le Blanc

Spouse's Occupation Retired 1/23/2009

Principal Business Address _____

City, State, Zip _____

Check all that apply:

☒ I have filed my state income tax return for the previous year.

☐ I have filed for an extension of my state income tax return for the previous year.

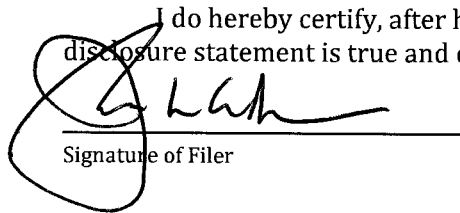
☒ I have filed my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

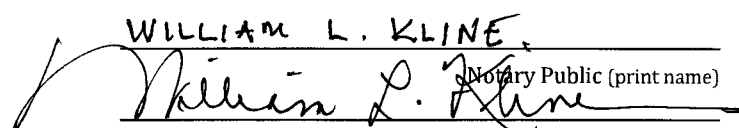
Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.


Signature of Filer

Sworn to and subscribed before me this 14th day of April, 2014.

WILLIAM L. KLINE


Notary Public (signature)

Notary Public (print name)

ID# 17009

Date Commission Expires at death

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule A: Employment Information

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Department of Public Safety and Corrections</u>
Job Title: <u>Secretary</u>
Job Description: <u>Oversight of DPS&C Corrections Services</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____
Job Title: _____
Job Description: _____

- You are required to complete SCHEDULE A to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☒ Check if not applicable☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☒ Check if not applicable☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.**

Revised December 2012

Form 415A

www.ethics.state.la.us

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political**☐ Check if not applicable**Subdivisions, and/or Gaming Interests**☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Department of Public Safety and CorrectionsName of Income Source: Salary - Taxable IncomeAddress: P.O. Box 94304City, State, Zip: Baton Rouge, LA 70804Amount of Income (exact dollar amount): \$ 112,818.20☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): LA State Employees' Retirement SystemName of Income Source: State Retirement System - RetirementAddress: P.O. Box 44213City, State, Zip: Baton Rouge, LA 70804Amount of Income (exact dollar amount): \$ 64,725.12☐ Filer ☒ Spouse ☐ Business (where amount of interest exceeds 10%)Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming InterestName of Business (if applicable): LA State Employees' Retirement SystemName of Income Source: State Retirement System - RetirementAddress: P.O. Box 44213City, State, Zip: Baton Rouge, LA 70804Amount of Income (exact dollar amount): \$ 37,264.56

* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* The definitions for (and examples of) *political subdivision*, *gaming interest*, and *business* are found in the *Instructions Section* of this form.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income**☐ Check if not applicable

(income that exceeds \$1,000 from each source)

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Source of Income: <u>Department of Public Safety & Corrections</u>	
Address: <u>P.O. Box 94304</u>	
City, State, Zip: <u>Baton Rouge, LA 70804</u>	
Nature of Services Rendered: <u>Oversight of DPS&C - Corrections Services</u>	
Type of Income: <u>Salary</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)	
<input type="checkbox"/> Category IV (\$50,000-\$99,999) <input checked="" type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Source of Income: <u>LA State Employees' Retirement System</u>	
Address: <u>P.O. Box 44213</u>	
City, State, Zip: <u>Baton Rouge, LA 70804</u>	
Nature of Services Rendered: <u>Retirement</u>	
Type of Income: <u>Retirement</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)	
<input checked="" type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse
Name of Source of Income: <u>LA State Employees' Retirement System</u>	
Address: <u>P.O. Box 44213</u>	
City, State, Zip: <u>Baton Rouge, LA 70804</u>	
Nature of Services Rendered: <u>Retirement</u>	
Type of Income: <u>Retirement</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$49,999)	
<input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	

* You are required to complete SCHEDULE E if you or your spouse received income in excess of \$1,000 from each source of income.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

* Income reported on Schedule D does not have to be restated on SCHEDULE E.

* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE F.

LOUISIANA BOARD OF ETHICS

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Schedule F: Income from Certain Professional or Consulting Services

☒ CHECK if no income was received from professional or consulting services (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

UTILITIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Electric		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Gas		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Telephone		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Water		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Cable Television Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

TRANSPORTATION	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Intrastate Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Pipeline Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Exploration		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Production		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Retailers		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

FINANCE & INSURANCE	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Banks		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Savings & Loan Assoc.		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Loan and/or Finance		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Manufacturing Firms		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Mining Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Life Insurance Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Casualty Insurance Comp.		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Other Insurance Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule F: Income from Certain Professional or Consulting Services**(CONTINUED)**

RETAIL COMPANIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Beer Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Wine Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Liquor Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Beverage Distributors		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

ASSOCIATIONS	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Trade		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Professional		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

OTHER	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

* You are required to complete SCHEDULE F if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

*"Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

Category Ranges:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

Revised December 2012

Form 415A

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LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicableLocation of Property: ☐ Filer ☐ Spouse ☒ BothCountry: United States State: Louisiana Parish/County: East Baton RougeAddress: 25422 Renee Court, Jackson, LA 70748

Description of Property:

Three bedroom residence.

Fair Market or Use Value by Category:

☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☒ Category VI (\$200,000 or more)Location of Property: ☐ Filer ☐ Spouse ☒ BothCountry: United States State: Louisiana Parish/County: IbervilleAddress: River Road (Highway 75), Sunshine, LA 70780

Description of Property:

8.44 acres of 126.73 acres (Section 4, Township 95, Range 1 West)

Fair Market or Use Value by Category:

☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☒ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)Location of Property: ☐ Filer ☐ Spouse ☒ BothCountry: United States State: Louisiana Parish/County: IbervilleAddress: 6435 Legion Road, St. Gabriel, LA 70776

Description of Property:

Vacant Lot in Legion Village Subdivision

Fair Market or Use Value by Category:

☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to disclose the location by country, state, and parish/county.

* Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

Revised December 2012

Form 415A

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LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Investment Holdings**

(a holding that exceeds \$1,000 in value)

☒ Check if not applicable☐ Filer ☐ Spouse ☐ BothName of Security:

Description of Security:

Value by category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ BothName of Security:

Description of Security:

Value by category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ BothName of Security:

Description of Security:

Value by category: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE H if you or your spouse holds investment securities that have a value that exceeds \$1,000 each.

* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule I: Transactions**☒ Check if not applicable

(a transaction that exceeds \$1,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction:

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$49,999)☐ Category IV (\$50,000-\$99,999)☐ Category V (\$100,000-\$199,999)☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE I if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures THAT EXCEED \$1,000 EACH, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.

* You are not required to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule J: Liabilities**☐ Check if not applicable**(a liability that exceeds \$10,000)**☒ Filer ☐ SpouseName of Creditor: Department of Corrections Credit UnionAddress: P.O. Box 4789City, State, Zip: Baton Rouge, LA 70821

Name of Guarantor (if applicable): _____

Nature of Liability: Home LoanAmount of liability: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☒ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☒ Filer ☐ SpouseName of Creditor: Capital OneAddress: P.O. Box 61540City, State, Zip: New Orleans, LA 70161

Name of Guarantor (if applicable): _____

Nature of Liability: Second MortgageAmount of liability: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (if applicable): _____

Nature of Liability: _____

Amount of liability: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

- * You are required to complete SCHEDULE J if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.
- * You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.
- * You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.
- * You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule K: Other Offices/Positions Held**

☐ Check if not applicable (positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3
personal financial disclosure statement)

Name of Office/Position: Department of Corrections Credit Union/Board Member**Name of Office/Position:** Alzheimer's Task Force/Member**Name of Office/Position:** Correctional Facilities Corporation/Board Member**Name of Office/Position:** Drug Policy Board/Member**Name of Office/Position:** Financial Literacy and Education Improvement/Member**Name of Office/Position:** Geographic Information Systems Council/Member**Name of Office/Position:** Homeland Security and Emergency Preparedness Advisory Council/Member**Name of Office/Position:** Uniform Payroll Insurance Commission/Member**Name of Office/Position:** Integrated Criminal Justice Information Systems Policy Board/Member**Name of Office/Position:** Louisiana Commission on Law Enforcement and Administration of Criminal Justice/Member

* You are required to complete SCHEDULE K if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2, 42:1124.2.1, or 42:1124.3.

Revised December 2012

Form 415A

www.ethics.state.la.us

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule K: Other Offices/Positions Held**

☐ Check if not applicable (positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3
personal financial disclosure statement)

Name of Office/Position: Workforce Investment Council/Member

Name of Office/Position: Liquefied Petroleum Gas Commission/Member

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

* You are required to complete SCHEDULE K if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2, 42:1124.2.1, or 42:1124.3.

Revised December 2012

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LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule L: Contributions**☒ Check if not applicable (made within one year of employment- in excess of \$1,000)

Date of Employment: _____	Salary: \$ _____
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	
Date of Employment: _____	Salary: \$ _____
Candidate Name: _____	
Amount of Contribution or Loan: \$ _____	

* You are required to complete SCHEDULE L if you are directly employed by a *statewide elected official* to serve as an agency head AND you made a contribution in excess of \$1,000 to the campaign of the official who employed you.

* You are only required to disclose contributions or loans made within one year of employment or appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.